

SMOKING & HEALTH

QUOTES BOOK

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Preface

This notebook provides statements made by experts about particular facets of the smoking and health issue. It is for your personal use and not intended for reproduction or additional distribution.

Each statement in this compilation is taken, obviously, from a larger context. None should be regarded as expressing the complete view of its author on a subject. None should ever be requoted without reference to those qualifications. Nor does the book attempt to present differing opinions on any subject.

How is this material useful? First, The Institute staff will find it invaluable in their expanded assignment to bring about better understanding of the smoking-health controversy, particularly in the news media.

Second, you will perhaps sharpen your own knowledge of the subject matter by examining this material. You may find it useful, within the limitations set forth above, as reference material in discussing the controversy.

From time to time, supplemental material will be sent to you for insertion in this book. Your suggestions will always be welcome.

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2026259228

2026259229

SUBJECT INDEX

AUTHOR INDEX

1. PUBLIC SMOKING
2. LUNG CANCER
3. HEART DISEASE
4. LUNG DISEASE
5. OTHER DISEASES & CONDITIONS
6. ANIMAL EXPERIMENTS
7. COMPONENTS
8. AIR POLLUTION & OCCUPATION
9. WOMEN & SMOKING
10. CONSTITUTION
11. BENEFITS & MOTIVATIONS
12. CONTROVERSY
13. BIAS IN SCIENCE

Scientific quotes and lay press quotes are provided for each subject area. Not all sections have lay press quotes.

2026259230

2026259231

AUTHOR INDEX

AUTHOR INDEX

ALLEN, LT. HERBERT B., M.D., U.S. Naval Hospital, Philadelphia, Pennsylvania. [Art. 1973/Biog. 1973] see: 9/5

ALVAREZ, WALTER C., M.D., Former Professor Emeritus, Mayo Clinic, and Editor, Modern Medicine, Minnesota; Currently in private practice, Chicago, Illinois. [Art. 1970/Biog. 1973] see: 12/4

AMA-ERF, see: 21/1

AVIADO, DOMINGO M., M.D., Department of Pharmacology, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania. [Art. 1976, 1970/Biog. 1977] see: 1/8, 1/9, 3/14, 4/2, 5/7, 5/8

BAILAR, JOHN C., III, M.D., Ph.D., National Cancer Institute, Bethesda, Maryland. [Art. 1976/Biog. 1976] see: 12/13

BAIR, WILLIAM J., Manager, Inhalation Toxicology, Biology Department, Battelle Memorial Institute, Pacific Northwest Laboratory, Richland, Washington. [Art. 1969/Biog. 1975] see: 6/1

BARBIERI, M.A., Department of Pediatrics, Ribeirao Preto School of Medicine, Brazil. [Art. 1976/Biog. 1976] see: 9/11

BARNARD, CHRISTIAAN, N., M.D., Associate Professor and Director of Surgical Research, University of Cape Town, South Africa. [Art. 1973/Biog. 1977] see: 3/4, 3/5, 10/5, 13/4

BAUER, DALE R., Publisher, Medical World News, New York, New York. [Art. 1969/Biog. 1969] see: 4/1

BELCHER, J.R., The London Chest Hospital and Middlesex Hospital, London, England. [Art. 1975, 1976/Biog. 1976] see: 2/16, 2/18 9/10

BENTLEY, H.R., Ph.D., Research and Development Director, Imperial Tobacco Limited, Bristol, England [Art. 1961/Biog. 1977] see: 7/1

BERKSON, JOSEPH, M.D., D.Sc., Emeritus Staff, Division of Biometry and Medical Statistics, Mayo Clinic, Rochester, Minnesota. [Art. 1958/Biog. 1969] see: 12/1

BLOT, WILLIAM J., Ph.D., Environmental Epidemiology Branch, National Cancer Institute, Bethesda, Maryland. [Art. 1975/Biog. 1976] see: 4/6, 8/6

BLUMENTHAL, H.T., Department of Psychology and of Medicine, Washington University, St. Louis, Missouri. [Art. 1975/Biog. 1975] see: 3/11, 3/12, 12/12, 12/13

BOUHUYS, AREND, M.D., Director, Yale University Lung Research Center, New Haven, Connecticut. [Art. 1976/Biog. 1977] see: 8/9

2026259232

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BRITISH MEDICAL JOURNAL, Editorial. see: 13/6

BROWN, J., Former Professor, Department of Nutrition, Harvard School of Public Health, Boston, Massachusetts. [Art. 1970/Deceased 1970] see: 3/2

BROWN, STEPHEN M., M.D., Lecturer and Special Researcher, Epidemiology Research Unit, Department of Biomedical and Environmental Health Sciences, School of Public Health, University of California, Berkeley, California. [Art. 1975/Biog. 1977] see: 4/6, 8/7

BUHLER, VICTOR B., M.D., Head, Pathology Laboratory, St. Joseph's Hospital, Kansas City, Missouri. [Art. 1969, 1970, 1971/Biog. 1976] see: 2/3, 6/1

BURCH, P.R.J., Ph.D., Professor, Department of Medical Physics, University of Leeds, Leeds, England. [Art. 1973, 1974, 1975, 1976, 1977/Biog. 1977] see: 2/10, 2/12, 2/16, 2/21, 2/22, 2/23, 5/5, 9/6, 9/7, 10/4, 10/7, 12/8

BURFORD, THOMAS H., M.D., Former Chief of Thoracic and Cardiovascular Surgery, Baines and Allied Hospitals, and Professor of Thoracic Surgery, Washington University School of Medicine, St. Louis, Missouri. [Art. 1964/Deceased 1977] see: 2/1

CALIF. PUB. UTIL. COMM. see: 1/2

CARR, DUANE, M.D., Professor of Surgery, University of Tennessee College of Medicine, Memphis, Tennessee. [Art. 1969/Biog. 1974] see: 12/3

CEDERLOF, RUNE, Ph.D., Department of Environmental Hygiene, The Karolinska Institute, Stockholm, Sweden. [Art. 1969/Biog. 1976] see: 3/1

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CLAYTON, J.K., University Department of Surgery, General Infirmary, Leeds, England. [Art. 1976/Biog. 1976] see: 3/16

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2026259233

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[Art. 1977/Biog. 1977] see: 2/23, 12/14

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see: 2/2

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see: 5/2

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DAVIES, R.F., Deputy Scientific Director, Tobacco Research Council Laboratories, Harrogate, England. [Art. 1970/Biog. 1976] see: 7/1

DEBAS, H.T., Faculty of Medicine, University of British Columbia, Vancouver, Canada. [Art. 1972/Biog. 1972] see: 5/1

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see: 8/1

ESKWITH, IRWIN S., M.D., Jackson General Hospital, Ripley, West Virginia. [Art. 1975/Biog. 1976] see: 3/10, 3/11, 7/4, 12/12

EVANS, WILLIAM, M.D., Retired Assistant Director, Medical Unit, Cardiac Department, London Hospital, London, England. [Art. 1965/Biog. 1975] see: 3/1

EYSENCK, HANS J., Ph.D., D.Sc., Professor of Psychology, Institute of Psychiatry, University of London, and Director of Psychology, Maudsley and Bethlehem Royal Hospitals, London, England. [Art. 1965/Biog. 1976] see: 10/1

FAA, DEPT. TRANSPORTATION. see: 1/2

FEINSTEIN, ALVAN R., M.D., Department of Pediatrics, Medicine and Epidemiology, Yale University School of Medicine, New Haven, Connecticut. [Art. 1971, 1973, 1974, 1975/Biog. 1976] see: 2/16, 10/3, 12/9, 13/1, 13/2, 13/3

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2026259234

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FISHER, H. RUSSELL, M.D., Professor of Pathology, University of Southern California School of Medicine, Los Angeles, California. [Art. 1969/Biog. 1972] see: 2/4

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FURST, ARTHUR, Ph.D., Director, Institute of Chemical Biology, University of San Francisco, San Francisco, California. [Art. 1972/Biog. 1976] see: 7/3

GASPER, KENNETH O., et al, Plaintiff vs. Louisiana Stadium and Exposition District, New Orleans, Louisiana. [Art. 1976/Biog. 1976] see: 1/9

GEORGI, JAY R., Department of Pathology, New York State College of Veterinary Medicine, Cornell University, Ithaca, New York. [Art. 1976/Biog. 1976] see: 6/4

GIFFORD-JONES, W., M.D., Pseudonym for a physician practicing in Ontario, Canada. [Art. 1975/Biog. 1975] see: 2/13, 2/14, 2/17, 6/3, 13/5, 13/6, 13/7

GOLDSTEIN, HARVEY, Statistician, Department of Statistics and Computing, Institute of Education, University of London, England. [Art. 1975/Biog. 1977] see: 9/9

GREENE, HARRY S.N., M.D., Former Anthony N. Brady Professor of Pathology and Chairman of the Pathology Department, Yale University School of Medicine, New Haven, Connecticut. [Art. 1964/Deceased 1969] see: 2/1

GUTSTEIN, W.H., M.D., Associate Professor of Pathology, New York Medical College, Valhalla, New York. [Art. 1976/Biog. 1977] see: 3/15

HAMMER, D.I., M.D., Epidemiologist, Environmental Protection Agency, Research Triangle Park, North Carolina. [Art. 1974/Biog. 1975] see: 4/5, 8/5

2026259235

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HAYDON-BAILLIE, M., FRCS, Worksop, Nottinghamshire, England. [Art. 1974/Biog. 1974] see: 2/11, 4/4, 9/8, 12/9

HEW. see: 8/2

HELMERS, CLAES, M.D., Department of Medicine, Karolinska Institute, Serafimerlasarettet, Stockholm, Sweden. [Art. 1974/Biog. 1975] see: 3/8

HERROLD, KATHERINE McD., M.D., Former Staff Pathologist, National Cancer Institute, Bethesda, Maryland. [Art. 1972/Biog. 1975] see: 2/8

HICKEY, RICHARD J., Ph.D., Department of Statistics, The Wharton School, University of Pennsylvania, Philadelphia, Pennsylvania. [Art. 1971, 1972, 1973, 1974, 1975/Biog. 1977] see: 2/11, 6/2, 6/4, 9/3, 9/6, 10/6, 12/5

HINDS, WILLIAM C., Sc.D., Harvard School of Public Health, Boston, Massachusetts. [Art. 1975/Biog. 1977] see: 1/6

HINE, CHARLES H., M.D., Clinical Professor of Pharmacology and Preventive Medicine, School of Medicine, University of California, San Francisco Medical Center, California. [Art. 1976/Biog. 1976] see: 3/15, 7/6, 7/7

HIRTH, R.S., Research Division, Bristol Laboratories, Syracuse, New York. [Art. 1973/Biog. 1973] see: 6/2

HIRAYAMA, TAKESHI, Chief, Epidemiology Division, Japanese National Cancer Center Research Institute, Tokyo, Japan. [Art. 1971/Biog. 1976] see: 5/1

HOLLINGSWORTH, D.R., M.D., Department of Pediatrics, University of Kentucky, Lexington, Kentucky. [Art. 1976/Biog. 1976] see: 9/12

HORGAN, JOHN H., M.R.C.P.I., St. Laurence's Hospital, Dublin, Ireland. [Art. 1976/Biog. 1976] see: 3/14

2026259236

FIORENTINO, MARCO, M.D., Department of Epidemiology, University of Texas, M.D. Anderson Hospital and Tumor Institute at Houston, Houston, Texas. [Art. 1968/Biog. 1968] see: 2/2

FISHER, EDWIN R., M.D., Department of Pathology, Shadyside Hospital and University of Pittsburgh, Pittsburgh, Pennsylvania. [Art. 1974/Biog. 1976] see: 3/8

GUTSTEIN, W.H., M.D., Associate Professor of Pathology, New York Medical College, Valhalla, New York. [Art. 1976/Biog. 1977] see: 3/15

HAMMER, D.I., M.D., Epidemiologist, Environmental Protection Agency, Research Triangle Park, North Carolina. [Art. 1974/Biog. 1975] see: 4/5, 8/5

HANDLEY, ANTHONY J., M.B., Department of Statistics, University College, and Senior Medical Registrar, Brompton Hospital, London, England. [Art. 1974/Biog. 1974] see: 5/3

HARDY, JANET B., M.D., Johns Hopkin's University Hospital, Baltimore, Maryland. [Art. 1973/Biog. 1973] see: 9/7

HARLEY, H.R.S., MS, FRCS, Llandough Hospital, Penarth, Glamorgan, Scotland. [Art. 1976/Biog. 1976] see: 2/20, 9/11

HARKE, H.P., Ph.D., Verband Research Institute, Hamburg, West Germany. [Art. 1970, 1972(2)/Biog. 1976] see: 1/1, 1/3

HAYDON-BAILLIE, M., FRCS, Worksop, Nottinghamshire, England. [Art. 1974/Biog. 1974] see: 2/11, 4/4, 9/8, 12/9

HEW. see: 8/2

HELMERS, CLAES, M.D., Department of Medicine, Karolinska Institute, Serafimerlasarettet, Stockholm, Sweden. [Art. 1974/Biog. 1975] see: 3/8

HERROLD, KATHERINE McD., M.D., Former Staff Pathologist, National Cancer Institute, Bethesda, Maryland. [Art. 1972/Biog. 1975] see: 2/8

HICKEY, RICHARD J., Ph.D., Department of Statistics, The Wharton School, University of Pennsylvania, Philadelphia, Pennsylvania. [Art. 1971, 1972, 1973(2), 1974, 1975/Biog. 1977] see: 2/11, 6/2, 6/4, 9/3, 9/6, 10/6, 12/5

FISHER, H. RUSSELL, M.D., Professor of Pathology, University of Southern California School of Medicine, Los Angeles, California. [Art. 1969/Biog. 1972] see: 2/4

FISHER, RONALD, SIR, Statistician, Eminent Fellow of the Royal Statistical Society, Great Britain. [Art. 1959/Deceased 1962] see: 12/1

2026259234

FORBES, W.F., Ph.D., D.Sc., Department of Statistics, Faculty of Science, University of Waterloo, Waterloo, Ontario. [Art. 1976/Biog. 1976] see: 7/5

FRANKENHAEUSER, MARIANNE, Ph.D., Psychological Laboratories, University of Stockholm, Stockholm, Sweden. [Art. 1971/Biog. 1971] see: 11/1, 11/2

FURST, ARTHUR, Ph.D., Director, Institute of Chemical Biology, University of San Francisco, San Francisco, California. [Art. 1972/Biog. 1976] see: 7/3

GASPER, KENNETH O., et al, Plaintiff vs. Louisiana Stadium and Exposition District, New Orleans, Louisiana. [Art. 1976/Biog. 1976] see: 1/9

GEORGI, JAY R., Department of Pathology, New York State College of Veterinary Medicine, Cornell University, Ithaca, New York. [Art. 1976/Biog. 1976] see: 6/4

GIFFORD-JONES, W., M.D., Pseudonym for a physician practicing in Ontario, Canada. [Art. 1975/Biog. 1975] see: 2/13, 2/14, 2/17, 6/3, 13/5, 13/6, 13/7

GOLDSTEIN, HARVEY, Statistician, Department of Statistics and Computing, Institute of Education, University of London, England. [Art. 1975/Biog. 1977] see: 9/9

GREENE, HARRY S.N., M.D., Former Anthony N. Brady Professor of Pathology and Chairman of the Pathology Department, Yale University School of Medicine, New Haven, Connecticut. [Art. 1964/Deceased 1969] see: 2/1

HINDS, WILLIAM C, ScD., Harvard School of Public Health, Boston, Massachusetts. [Art. 1975/Biog. 1977] see: 1/6

HINE, CHARLES H., M.D., Clinical Professor of Pharmacology and Preventive Medicine, School of Medicine, University of California, San Francisco Medical Center, California. [Art. 1976/Biog. 1976] see: 3/15, 7/6, 7/7

HIRTH, R.S., Research Division, Bristol Laboratories, Syracuse, New York. [Art. 1973/Biog. 1973] see: 6/2

HIRAYAMA, TAKESHI, Chief, Epidemiology Division, Japanese National Cancer Center Research Institute, Tokyo, Japan. [Art. 1971/Biog. 1976] see: 5/1

HOLLINGSWORTH, D.R., M.D., Department of Pediatrics, University of Kentucky, Lexington, Kentucky. [Art. 1976/Biog. 1976] see: 9/12

HORGAN, JOHN H., M.R.C.P.I., St. Laurence's Hospital, Dublin, Ireland. [Art. 1976/Biog. 1976] see: 3/14

2026259238

HRUSTIC, O., Institute of Medical Research and Occupational Health, Yugoslav Academy of Sciences and Arts, Zagreb, Yugoslavia. [Art. 1975/Biog. 1975] see: 5/5

HUBER, GARY L., M.D., Chief, Division of Respiratory Diseases, Department of Medicine and Biological Chemistry, Thorndike Memorial and Channing Laboratories, Harvard Medical School and Harvard School of Public Health, Boston, Massachusetts. [Art. 1975, 1977/Biog. 1977] see: 1/6, 4/9, 12/10

HUEPER, WILHELM C., M.D., Former Chief, Environmental Cancer Section, National Cancer Institute, U.S. Public Health Service, Bethesda, Maryland. [Art. 1972/Biog. 1976] see: 2/8, 2/9, 8/3, 9/3, 13/2

ICC. see: 1/2

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JAMES, WALTER G., Vice President, Public Education, American Cancer Society. [Art. 1973/Biog. 1977] see: 9/8

JENKINS, C. DAVID, Ph.D., Director and Professor, Department of Behavioral Epidemiology, Boston University School of Medicine, Boston, Massachusetts. [Art. 1971/Biog. 1976] see: 3/2, 10/4

JIMENEZ, F., M.D., Director of Laboratories, Brooklyn Veterans Administration Hospital, Brooklyn, New York. [Art. 1975/Biog. 1975] see: 2/12

JOHNSTONE, FRANK, M.B., Department of Obstetrics and Gynecology, Aberdeen Maternity Hospital, Aberdeen, Scotland. [Art. 1974/Biog. 1974] see: 9/8

JUSTUS, DAVID E., Department of Microbiology and Immunology, University of Louisville, Health Science Center, Louisville, Kentucky. [Art. 1976/Biog. 1976] see: 5/8

KENNEDY, A., Department of Pathology, University of Sheffield Medical School, Sheffield, England. [Art. 1976/Biog. 1976] see: 2/20, 9/10

KENSLER, CHARLES J., Ph.D., Professor, Department of Pharmacology and Experimental Therapeutics, Boston University School of Medicine, Boston, Massachusetts. [Art. 1960/Biog. 1974] see: 7/1

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2026259239

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KORNEGAY, HORACE R., President, The Tobacco Institute, Washington, D.C. [Art. 1976/Biog. 1977] see: 4/7, 12/13

KUTTY, M. KANNAN, Institute for Medical Research, Kuala Lumpur, West Malaysia. [Art. 1972/Biog. 1972] see: 2/10

LANGSTON, HIRAM T., M.D., Chief, General Thoracic Surgery, Abraham Lincoln College of Medicine, University of Illinois, Chicago, Illinois. [Art. 1968, 1972, 1974/Biog. 1976] see: 2/3, 2/8, 2/12, 12/2

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LAVE, LESTER B., Ph.D., Head, Department of Economics, Graduate School of Industrial Administration, Carnegie-Mellon University, Pittsburgh, Pennsylvania. [Art. 1972/Biog. 1977] see: 8/2

LEBOWITZ, MICHAEL D., Ph.D., Division of Respiratory Sciences, Department of Internal Medicine, College of Medicine, Arizona Medical Center, University of Arizona, Tucson, Arizona. [Art. 1976/Biog. 1977] see: 1/7

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LESHAN, LAURENCE L., Ph.D., Research Associate, McDonnell Foundation, New York, New York. [Art. 1956/Biog. 1976] see: 10/1

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LEWIN, ROGER S., M.B., Ch.B., Falconfield, Dinedor, Hereford, England. [Art. 1973/Biog. 1975] see: 2/10

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2026259240

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NAT'L ACADEMY OF SCIENCES. see: 9/1

NAT'L HEART & LUNG INSTITUTE. see: 4/3, 4/4

NATURE, Editorial. see: 9/6

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2026259241

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ONTARIO DEPT. OF HEALTH. see: 9/1

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PETTERSSON, FOLKE, Department of Gynecology, Radiumhemmet, Karolinska Sjukhuset, Stockholm, Sweden. [Art. 1973/Biog. 1973] see: 9/4

PREYER, RICHARDSON, Member U.S. House of Representatives from Greensboro, North Carolina. Democrat. [Art. 1976/Biog. 1977] see: 12/4, 12/14

RAE, GORDON, Department of Educational Psychology, Aberdeen College of Education, Aberdeen, Scotland. [Art. 1973/Biog. 1973] see: 10/5

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RINGLER, ROBERT L., M.D., Deputy Director, National Heart, Lung and Blood Institute, Health, Education & Welfare, Bethesda, Maryland. [Art. 1976/Biog. 1977] see: 4/5

ROBERTS, KATHLEEN E., M.D., Assistant Professor of Medicine, Cornell Medical College, Ithaca, New York. [Art. 1970/Biog. 1973] see: 4/2

ROSENBLATT, MILTON B., M.D., Former Associate Clinical Professor of Medicine, New York Medical College and Attending Physician, Doctors Hospital and Metropolitan Hospital, New York, New York. [Art. 1969, 1970, 1971, 1972, 1973/Deceased 1975] see: 2/6, 2/7, 4/2, 4/3, 12/2, 12/3, 12/4, 12/6

2026259242

RUSSEK, HENRY I., M.D., Senior Attending Cardiologist, St. Barnabas Hospital; Clinical Professor of Medicine and Research Professor of Cardiovascular Disease, New York Medical School, New York, New York. [Art. 1964, 1973/Biog. 1976] see: 3/1, 3/4

RYLANDER, RAGNAR, M.D., Professor, Department of Environmental Hygiene, University of Gothenburg, Gothenburg, Sweden. [Art. 1974/Biog. 1976] see: 1/5

SAART, JAMES D., Director of Environmental Quality Programs for the Lung Association of Massachusetts. [Art. 1976/Biog. 1976] see: 8/9

SCHECHTER, MARTIN D., Department of Pharmacology, University of Melbourne, Parkville, Victoria, Australia. [Art. 1974/Biog. 1974] see: 7/4, 11/3

SCHIEVELBEIN, HELMET, M.D., Professor, Institute for Clinical Chemistry and Clinical Biochemistry, Department of Preventive Medicine, University of Munich, Munich, Germany. [Art. 1973/Biog. 1975] see: 1/5, 12/6

SELTZER, CARL C., Ph.D., Research Fellow, Physical Anthropology, Peabody Museum, Harvard University, Boston, Massachusetts. [Art. 1969, 1973, 1974, 1975, 1976, 1977/Biog. 1977] see: 3/1, 3/4, 3/10, 3/15, 3/16, 7/6, 10/2, 11/3, 12/11

(SELYE, HANS, CC., M.D., Ph.D., D.Sc., F.R.S.(C), Professor and Director, Institute of Experimental Medicine and Surgery, University of Montreal, Montreal, Canada. [Art. 1973/Biog. 1974] see: 11/2

SHERMAN, JANETTE D., M.D., Internist, Detroit, Michigan; Formerly with Health Research Group, Washington, D.C. [Art. 1973/Biog. 1974] see: 4/4, 8/5

SMITH, BARBARA F., M.B., Ch.B., M.D., Ph.D., Senior Lecturer in Pathology, St. Bartholomew's Hospital, West Smithfield, London, England. [Art. 1976/Biog. 1976] see: 2/18, 3/13, 5/6, 8/7

SOLOFF, LEWIS A., M.D., Distinguished Service Professor of Medicine and Former Chief, Cardiology Division, Temple University Medical School, Philadelphia, Pennsylvania. [Art. 1972/Biog. 1976] see: 3/3, 7/3

SOMMERS, SHELDON C., M.D., Director, Laboratories at the Lenox Hill Hospital, New York, Professor of Pathology, College of Physicians and Surgeons, Columbia University of New York. [Art. 1976/Biog. 1977] see: 2/22, 6/4

STELL, P.M., Department of Otolaryngology, University of Liverpool, Liverpool, England; and the Ear, Nose and Throat Infirmary, Liverpool, England. [Art. 1972/Biog. 1973] see: 5/2

2026259243

STERLING, THEODOR D., Ph.D., Director, Computing Science Program, Simon Fraser University, Burnaby, British Columbia, Canada.

[Art. 1971, 1972, 1973, 1975, 1976, 1977/Biog. 1977] see: 2/7, 2/15, 2/18, 2/19, 2/24, 2/25, 4/8, 4/9, 5/5, 5/9, 6/1, 8/2, 8/4, 8/7, 8/10, 8/11, 8/12, 8/13, 12/11

STEWART, RICHARD D., M.D., Chairman and Professor, Department of Environmental Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin. [Art. 1970, 1973, 1974/Biog. 1976] see: 1/1, 1/4, 1/5, 8/5

SYME, S. LEONARD, Ph.D., Professor of Epidemiology, School of Public Health, University of California, Berkeley, California. [Art. 1968, 1975/Biog. 1976] see: 3/12, 10/2

SZADKOWSKI, D., Central Institute for Occupational Medicine of the Free and Hansa City of Hamburg, West Germany. [Art. 1976/Biog. 1976] see: 1/10

TAYLOR, GEOFFRY, M.D., Immunology Laboratories, University of Manchester, Manchester, England. [Art. 1974/Biog. 1974] see: 5/4

VOLANS, G.N., M.B., M.R.C.P., Princess Margaret Migraine Clinic, London, England; and Departments of Anaesthetics and Clinical Pharmacology, St. Bartholomew's Hospital Medical College, London, England. [Art. 1976/Biog. 1976] see: 1/8, 5/6

WALKER, WELDON J., M.D., Director, Cardiopulmonary Laboratory, White Memorial Medical Center, Los Angeles, California. [Art. 1974, 1975/Biog. 1977] see: 3/7, 4/5

WALTERS, C. ETTA, Ph.D., Professor, Department of Home and Family Life, Florida State University, Tallahassee, Florida. [Art. 1969/Biog. 1973] see: 10/3

WEBER, KARL H., Head of the Scientific Research Institute for the Association of the Cigarette Industry, Hamburg, West Germany. [Art. 1976/Biog. 1976] see: 7/7

WEHNER, ALFRED P., D.M.D., Biology Department, Battelle, Pacific Northwest Laboratories, Richland, Washington. [Art. 1976/Biog. 1976] see: 6/5, 11/3

WERKO, LARS, M.D., Professor of Medicine, Department of Internal Medicine, University of Gothenburg, Gothenburg, Sweden. [Art. 1973/Biog. 1973] see: 3/5, 3/6, 3/7, 6/3, 7/4, 12/7, 12/8

WHEREAT, ARTHUR F., M.D., F.A.C.C., Cardiovascular Section, Department of Medicine, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania. [Art. 1976/Biog. 1976] see: 3/13

YAGLOU, C.P., Ph.D., Professor of Industrial Hygiene, Harvard School of Public Health, Harvard University, Boston, Massachusetts. [Art. 1955/Biog. 1955]. see: 1/1

2026259244

YERUSHALMY, J., Ph.D., Former Director and Professor Emeritus of Biostatistics, Child Health and Development Studies, School of Public Health, University of California, Berkeley, California. [Art. 1971, 1972, 1973/Deceased 1974] see: 9/1, 9/2, 9/4, 9/5

2026259245

2026259246

1. PUBLIC SMOKING

Yaglou, C.P., "Ventilation Requirements for Cigarette Smoke,"
Transactions of the American Society of Heating and Air-Conditioning
Engineers 61: 25-32, 1955.

"The carbon monoxide concentration was much too small to affect the nonsmoker, even at the lowest air flow of 5 cfm per smoker, when the room was filled with bluish smoke."

p. 31

Stewart, R.D., et al., "Experimental Human Exposure to Carbon Monoxide," Archives of Environmental Health 21(2): 154-163, August, 1970.

"The most important finding was that an eight hour exposure to 100 ppm of CO, resulting in a COHb saturation of 11% to 13%, produced no impairment of performance in the tests studied in this select healthy group of volunteers. The tests chosen for investigation were those felt to be of practical significance in the performance of vocational endeavors and of automobile driving. . . ."

p. 163

Harke, H.P., "The Problem of Passive Smoking" (Zum Problem des "Passiv-rauchens"), Munchener Medizinisch Wochenschrift 51: 2328-2334, December 18, 1970. (Translation)

"This experimental study gives evidence that other reports on the assimilation of smoke compounds in 'passive' smokers seem to be based on estimations only and do not correspond with the real situation."

p. 2328, abstract

"In these investigations, we have attempted to determine to what degree the nonsmoker could be endangered by his presence in a smoke-filled room. The experiments show that under 'normal' conditions, with respect to the amount of smoke supplied versus the amount of ventilation, the nicotine content and the carbon monoxide content of room air lie distinctly under the MAK-values [maximum work place concentration]."

p. 9, translation

2026259247

Decision No. 79032, Case No. 9138, Before the Public Utilities Commission of the State of California, San Francisco, California, August 10, 1971.

"There was no testimony that the average non-smoker's health is impaired by exposure to the smoke produced by a nearby smoker."

Interstate Commerce Commission, No. MC-C-6748, Smoking by Passengers and Operating Personnel on Interstate Buses, Decided November 8, 1971.

"We agree with the examiner's conclusions that petitioner has failed adequately to demonstrate the deleterious effects of second-hand smoke upon the health of motorbus passengers."

p. 264

Health Aspects of Smoking in Transport Aircraft. Joint Study, Federal Aviation Administration, Department of Transportation and National Institute of Occupational Safety and Health, Department of Health, Education and Welfare, December, 1971.

". . . it is concluded that inhalation of the by-products from tobacco smoke generated as a result of passengers smoking aboard commercial aircraft does not represent a significant health hazard to nonsmoking passengers."

p. 45

O'Donnell, R.D., et al., "Low Level Carbon Monoxide Exposure and Human Psychomotor Performance," Toxicology & Applied Pharmacology, 18: 593-602, 1971.

"It is concluded that the present data do not support the hypothesis that low level carbon monoxide exposure of humans results in performance decrement."

p. 593

2026259248

Bridge, D. P. & M. Corn, "Contribution to the Assessment of Exposure of Nonsmokers to Air Pollution from Cigarette and Cigar Smoke in Occupied Spaces," Environmental Research 5: 192-209, 1972.

". . . our results suggest that concentrations of CO from cigarette and cigar smoking do not present an inhalation hazard to nonsmokers."

p. 208

Harke, H. P. & A. Bleichert, "The Problem of Passive Smoking" (Zum Problem des Passivrauchens), Int. Arch. Arbeitsmed. 29: 312-322, 1972. (Translation)

"The quantities of smoke absorbed during passive smoking are too small to cause a significant change in the skin temperature of nonsmokers, even when the nonsmokers are located in rooms containing extremely large smoke concentrations."

p. 14, translation

Harke, H. P., et al., "Passive Smoking: Concentration of Smoke Constituents in the Air of Large and Small Rooms as a Function of Number of Cigarettes Smoked and Time" (Zum Problem des Passivrauchens), Int. Arch. Arbeitsmed. 23(4): 323-339, 1972. (Translation)

"It must be emphasized at this point that it does not appear possible that such smoke densities can be generated by smokers.

"This experiment using smokers [rather than smoking machines] would only be reproducible when 50 persons were placed in the room (floor space 62m²), and each of them would smoke three cigarettes during a period of 30 minutes. The irritation . . . would be so great that certainly a large majority of the smokers would have to leave the room prior to the end of the smoking period."

p. 18, translation

2026259249

Lightfoot, N.F., "Chronic Carbon Monoxide Exposure," Proceeding Royal Society of Medicine 65(9): 798-799, 1972.

"Decrements in visual discrimination in flicker fusion frequency, in time interval estimation tests, and difficulties in fine limb coordination and the performance of complex tasks have been reported at levels of 2-10% carboxyhaemoglobin. . . . Much of this evidence is disputed. . . . There is no evidence to show differences in performance between smokers, who may have up to 15% carboxyhaemoglobin levels. . . . Workers who have failed to take account of this may have contributed to the conflicting results reported at seemingly similar carboxyhaemoglobin levels."

p. 798

Stewart, R.D., et al., "Effect of Carbon Monoxide on Time Perception," Archives of Environmental Health 27(3): 155-160, September 1973.

"The results of these time perception studies indicate that the acute exposure of healthy adults to concentrations of CO up to 500 ppm, which result in COHb saturations as great as 20%, has no detrimental effect on man's time sense. Thus the studies corroborate the previously reported investigation of Stewart, et al., and O'Donnell, et al."

p. 159

Stewart, R. D., et al., "Carboxyhemoglobin Concentrations in Blood from Donors in Chicago, Milwaukee, New York, and Los Angeles," Science 182: 1362-1364, December 28, 1973.

"Among the nonsmokers, 76 percent in Los Angeles, 74 percent in Chicago, 35 percent in New York, and 26 percent in Milwaukee had COHb saturations in excess of 1.5 percent, indicating CO exposure in excess of that permitted by air quality standards."

p. 1362

2026259250

Schievelbein, H., "On The Question of the Effect of Tobacco Smoke on The Morbidity of Non-Smokers," Internist 14(5): 1-25, 1973.

"No proof of a threat to the health of non-smokers through 'passive smoking' can be found in studies available to date."

p. 21

Rylander, R., "Workshop Results," Chapter 4 in Environmental Tobacco Smoke Effects on the Nonsmoker (R. Rylander, Ed.) Scandinavian Journal of Respiratory Diseases, Supplement 91: 79-87, 1974.

"In view of the above, a personal conclusion is that the risk for the development of chronic pulmonary effects due to environmental tobacco smoke exposure is non-existent among the population in general."

p. 85

Stewart, R. D., "The Effects of Low Concentrations of Carbon Monoxide in Man," Chapter 3.7 in Environmental Tobacco Smoke Effects on the Nonsmoker (R. Rylander, Ed.) Scandinavian Journal of Respiratory Diseases, Supplement 91: 56-62, 1974.

"Compliance with the current U.S.A. Ambient Air Quality Standards for CO (8.7 ppm for 8 hours or 35 ppm for 1 hour), should protect everyone except those with near-terminal cardiovascular or lung disease, states which require oxygen-enriched environments. Adequately ventilated interior rooms in which tobacco smoking is permitted, should have CO concentrations no greater than those permitted by the Air Quality Standards and hence, should pose no health problem from a COHb standpoint to persons exposed to environmental tobacco smoke."

p. 61

2026259251

Hinds, W. C. & M. W. First, "Concentrations of Nicotine and Tobacco Smoke in Public Places," New England Journal of Medicine 292(16): 844-845, April 17, 1975.

"The data collected during this study suggest that although tobacco-smoke concentrations often exceed the annual average air quality standard for clean air, these levels would not be expected to produce the strong public reaction to tobacco smoke that has developed in the past few years. This observation suggests that annoyance from tobacco smoke is caused by factors other than the average concentration of particulate matter in the indoor atmosphere."

p. 845

Huber, G. L., "Smoking and Nonsmokers--What is the Issue?" New England Journal of Medicine 292(16): 858-859, April 17, 1975.

"Potential health effects of tobacco on the nonsmoker have recently been reviewed. . . .No data are available to demonstrate health effects of physiologic responses to nicotine levels reached in adult nonsmokers, and carbon monoxide concentrations in nonsmokers are far below levels that are of known health hazard. Potential effects of other smoke components on nonsmokers are conjectural. Information is lacking on cumulative effects of prolonged passive exposure to tobacco-smoke products."

p. 859

Hinds, W. C. & M. W. First, "Smoke and Heat," New England Journal of Medicine 293(1): 48, July 3, 1975.

"The purpose of our study was not to determine if tobacco smoke is annoying, but to ascertain the particulate concentration of tobacco smoke in a variety of public places and to assess the health implications of these concentrations. Our study is in contrast to previous studies conducted under artificial conditions of greater crowding, higher smoking rate and lower ventilation rate than was found in the public places we surveyed.

It is important to keep in mind the distinction between health effects and annoyance. Unpleasant odors may be very annoying but have very little effect on health except on a psychogenic basis. It seems likely that irritating gases, unpleasant odors, peak concentrations, and high visibility play a part in the annoyance reaction to tobacco smoke."

2026259252

Lebowitz, Michael D. and Benjamin Burrows, "Respiratory Symptoms Related to Smoking Habits of Family Adults," Chest 69(1): 48-50, January, 1976.

"Children in households containing adults with the specific symptoms had a higher prevalence of symptoms, regardless of the family smoking habits. When the presence of symptoms in adults was taken into account by partitioning households into those where adults had the symptom(s) and those where adults didn't have the symptom(s), no statistically significant difference remained in children's symptoms related to the household smoking habits."

p. 49

"There were no significant differences in children's prevalence rates of bronchitis, croup, pneumonia, or a combination of those three, in relation to the smoking habits of either or both parents. No differences in findings were noted if one examined symptoms by whether the father alone, the mother alone, or both smoked."

p. 49-50

Lloyd, J. P. F., "Segregated Smokers," British Medical Journal 1(6006): 398, February 14, 1976.

"Surely the minute traces of tobacco tars joining those of many other 'indictable substances' in the atmosphere can be of little significance."

"The theme of segregation of social undesirables, either as therapy or punishment, is to my mind archaic."

2026259253

Volans, G. N. & C. M. Castleden, "The Relationship Between Smoking and Migraine," Postgraduate Medical Journal 52(604): 80-82, February, 1976.

"From this study it is concluded that the theory of an association between smoking and migraine has not been proved and that no evidence was found to suggest that active or passive smoking is a factor in the aetiology of migraine."

p. 82

Aviado, D. M., Statement before the Public Hearing before the Council of the District of Columbia Committee on Transportation and Environmental Affairs, pp. 1-6, April 27, 1976.

"On the basis of existing scientific evidence, tobacco smoke constitutes no health hazard to nonsmokers in public places."

p. 1

"Reported irritation of the eyes and nose has been explained as a nonallergic response because the reaction occurred in both allergic and nonallergic individuals. True tobacco smoke allergy is believed to be quite rare. . . The method of determining whether an allergy exists has not been settled although many allergists make use of a skin test using tobacco leaf extract. Such skin testing is not at all comparable to exposure to tobacco smoke. There are, of course, many substances (such as pollens and household dusts) which may elicit an allergic response. It seems impractical [sic], however, to seek to protect allergic individuals by regulating one out of countless sources of allergens."

p. 2

2026259254

Aviado, D. M., Statement before the Public Hearing before the Council of the District of Columbia Committee on Transportation and Environmental Affairs, pp. 1-6, April 27, 1976.

"From the measurements of carbon monoxide and nicotine levels in public places and the amount of nicotine absorbed by nonsmokers, we can conclude that smoking in public places does not constitute a health hazard to non-smokers. As a scientist, I must seriously question governmental action in matters of public health. . . taken in the recognized absence of reliable, supportive facts."

p. 4

Gasper, Kenneth O., et al., vs. Louisiana Stadium and Exposition District, et al., United States District Court, Eastern District of Louisiana, 418 F Supp. 716, pp. 1-12, September 8, 1976.

ON APPEAL

"To hold that the First, Fifth, Ninth or Fourteenth Amendments recognize as fundamental the right to be free from cigarette smoke would be to mock the lofty purposes of such amendments and broaden their penumbral protections to unheard-of boundaries."

pp. 9-10

ON APPEAL

"To hold [that the government can give the 'right' to breath smoke-free air] otherwise would be to invite government by the judiciary in the regulation of every conceivable ill or so-called 'right' in our litigious-minded society. The inevitable result would be that type of tyranny from which our founding fathers sought to protect the people by adopting the first ten amendments to the Constitution."

p. 11

2026259255

Klosterkotter, W. and E. Gono, "The Problem of Passive Smoking" (Zum Problem des "Passivrauchens"), Zbl. Bakt. Hyg., I. Abt. Orig. 162: 51-69, 1976 [Translation from German].

"There is no plausible basis for the hypothesis that short-term passive smoking can cause the 'proven health injuries' found in smokers."
p. 3, translation

"It can be considered proven that the CO concentrations occurring under realistic smoking conditions represent no risk to passive smokers."
p. 7, translation

"One can conclude that nicotine entails no risk to passive smokers under tolerable smoking conditions."

p. 12, translation

Szadkowski, D., et al., "Burden of Carbon Monoxide from Passive Smoking in Offices" (Kohlenmonoxidbelastung durch Passivrauchen in Büroräumen), Inn. Med. 3: 310-313 [German translation] [English translation 7 pp.], 1976.

"[T]he passive smokers [that is, nonsmokers who shared their office with smokers] compared to the nonsmokers were not exposed to any additional CO burden. . . ."

p. 5, [p. 2] translation

2026259256

Hubbard, L. R., Jr., "Smokers Have Some Rights, Too," San Diego Union, San Diego, California, January 19, 1974.

"The proposed new ordinance prohibiting smoking in many public places seems to be one more step in our rather terrifying rush to meet the demands of a few in the name of the public good and at the expense of an individual's rights."

(L. R. Hubbard, City Councilman, Third District, San Diego, California.)

Rusher, William A., "'Dear Ax-Grinder: You May Be Right'," (Editorial Comment), Oregon Journal, Portland, Oregon, June 11, 1974.

"I wrote a piece suggesting that smokers are rightly restricted in the matter of where they can do their thing, but that we must resist, purely on libertarian grounds, what I consider a growing tendency to harass them into giving up smoking for their own good. This produced a heavy response, about equally divided between little old ladies who admitted that was exactly what they had in mind and little old ladies who claimed to be among the 'thirty-five million' Americans actually 'allergic' to cigaret smoke - a dubious statistic which, in any case, merely suggests to me that people with freak illnesses have no business passing laws of general application."

Sumner, William, "Tar: 17 Mg; Nicotine: 1.4 Mg; Taste: None," (Editorial Comment), The Saint Paul Pioneer Press, Saint Paul, Minnesota, June 23, 1974.

". . . in spite of the fact that I do not smoke it had always seemed to me that there are too many people and agencies telling others what they can and can't do.

"This sort of ban, proposed even for restaurants, seemed like more of the same. And in the really short time I spend in a restaurant, usually, in this day, a place where the air is moving and replaced, it has never seemed a burden or a pain that others are smoking."

2026259257

Editorial, "Rise in Bans on Smoking," Lancaster New Era, Lancaster, Pennsylvania, January 17, 1975.

"Consideration of others should really be the key. Non-smokers should recognize that if others wish to smoke, that is a personal decision. But smokers should recognize also that if the smoke bothers others, they should proceed accordingly.

"If that applies, putting further smoking bans into law will not be needed."

Editorial, "Council Tackles Tough Task," Boulder Camera, Boulder, Colorado, January 22, 1975.

"It's one thing to legislate conduct for the protection of society - to restrict behavior that endangers the life, health or safety of others. It is quite another to legislate against conduct that merely annoys. Hardly anybody can avoid annoying somebody else occasionally.

"When government gets one foot into the realm of behavior modification, the blue-law thicket looms ahead.

"Legislation of conduct is a ticklish undertaking. In the effort to establish some rights by law, other rights are infringed. So we commiserate with the Council in the tough task it has undertaken - to sort out all the angles and put them together again with balance, perspective, and wisdom."

Sgobba, Michael, "New Smoking Law Can Cost," The Daily Sun-Post, San Clemente, California, February 19, 1975.

"Unless an officer has absolutely nothing to do he isn't going to go out and give someone a citation for smoking in an unauthorized area."

(Michael Sgobba, Assistant Police Chief, San Diego, California.)

2026259258

Editorial, "Smokers Get Burned," Las Vegas Voice, Las Vegas, Nevada, February 20, 1975.

". . . prohabitionary [sic] measures are popping up across the nation. Many of these measures have failed, as with the Public Utilities Commission in California, the Civil Aeronautics Board in Washington, and a special medical committee in England. Why did the proposed rules not take effect? Simply because there is no evidence that other peoples [sic] smoking is hazardous to healthy nonsmokers.

Editorial, "Public Smoking Ban Proposal Costly Issue?" Las Vegas Review-Journal, Las Vegas, Nevada, February 21, 1975.

"The banning of smoking in certain public places being considered by the State Assembly is a dangerous proposal which could have a serious detrimental effect on the state economy.

"Proponents of the bill argue that provision allows for the accommodation of smokers. What they overlook is the costly remodeling it would require of restaurants and convention centers. Many establishments would not be able to provide separate smoking and non-smoking sections without severely limiting their available seating space or destroying their present decor."

Olson, Floyd, "City Wins Smoking Bans Fight - For Now," (by Eric Pianin), Minneapolis Star, Minneapolis, Minnesota, March 5, 1975.

"'It appears obvious the purpose of the amendment to the Minneapolis ordinance was simply a device by which to regulate smoking,' Olson said. 'However salutary that purpose may be, there are serious questions as to whether the method used is legally valid.'

(Floyd Olson, Assistant County Attorney, Hennepin County, Minnesota.)

2026259259

Erwin, Don, "Enforcement is Impossible," (Editorial Comment) San Diego Union, San Diego, California, May 14, 1975.

"Can you believe that our city could prohibit someone from getting a business license just because he or she didn't have a 'No Smoking' sign posted? It's true!

"Can you believe that an owner or manager could be fined up to \$100 because he served a person who is smoking, and the person smoking will also be fined? It's true!

"It is estimated that from Feb. 1, 1974, when the ordinance was introduced, until it became law in January, 1975, over \$20,000 of your money was spent just to get the law on the books.

"It is estimated that from the time a call comes in to the police department, the cost of the officers time of processing, paperwork, and any court action, is in excess of \$70."

(Don Erwin, President of the United Business Commission.)

Editorial, "Fuzzy's Point," The Richmond News Leader, p. 14, May 21, 1975.

"No government has any legitimate business in attempting to force individuals to be "safe" through statutes and laws. And the reason for that is as fundamental as it is clear. No government knows better than the individual, what is in the individual's best interest. Generally, government tends to be on its firmest ground when it seeks to protect the individual from others; similarly, government tends to be on its weakest ground when it seeks to protect the individual from himself."

2026259260

McKeehan, R. G., "Smoking Rule in Effect Today; Few Arrests Seen,"
Houston Post, Houston, Texas, June 28, 1975.

"We have no particular plans and don't look for any unusual amount of arrests,

"It will have to be on complaint and I think it will depend on the type of business and how much they want to complain."

(R. G. McKeehan, Deputy Police Chief,
Houston, Texas.)

Demarest, Michael, "Smoking: Fighting Fire With Ire," (Editorial Comment) Time, January 12, 1976.

"It can be argued that the 41% of adult Americans who smoke are sufficiently harassed already: they pay \$6 billion more in federal, state and local taxes than nonsmokers, and they are subjected to a constant drumfire of sermons warning that their habit is dangerous to their health. Though liquor was considered hazardous enough to be prohibited for fourteen years in the U.S., no such caveat has ever appeared on whiskey bottles.

"In their evangelical zeal, the antis might ponder history. Legislating conduct has always been a tricky business; attempts to discourage or prohibit smoking have been doomed to failure."

2026259261

Harnes, Jack R., "Medical Pests," (Editorial Comment) Journal of the American Medical Association 235(2): 157, January 12, 1976.

"When one considers the antismoking campaign, the seat belt and seat bag campaign, the low-fat campaign, the antisugar campaign, the antihypertension campaign, the physical fitness campaign, the antidiabetic campaign, sickle cell detection campaign, and the myriad smaller paternalistic campaigns, one realizes that in no field of endeavor has the Big Brother concept been pushed farther than in preventive medicine.

"I cannot help but wonder about the motivation of our medical zealots . . . I believe that they should recognize that they are trodding on others' freedom by some of their actions and by other actions are antagonizing the very individuals they wish to convert."

Anonymous, "Smoking, Choking Discussed Here," Winston Salem Journal, p. 13, January 27, 1976.

"B. C. Hedgepeth, who owns and operates a number of restaurants in the Wrightsville Beach area, said, . . .

"Today, according to the national average, . . . a restaurant costs the owner about \$2,000 per seat to build. There's no way I can tie up half of my seats for non-smokers. Besides, most of the people who come to restaurants smoke.'

"Another restaurant owner called it a nonproblem. 'My air conditioning system turns over all the air in the restaurant every two minutes. With proper ventilation, what difference does it make?'"

". . . the North Carolina Restaurant Association [has stated] . . . 'We believe that government imposed restrictions on smoking in the social atmosphere of a restaurant would be unenforceable. . . .'"

2026259262

Arnett, J., "Reformers Rampage Through the Land Trying to Make Brown-Baggers of Us All," The Sun, Baltimore, Md., p. B1, February 24, 1976.

". . . I will simply refuse to have any truck whatsoever with the rules and regulations formulated by the descendants of Carrie Nation.

"It is not smoke that brings tears to their eyes, and in truth they do not give a hang about the condition of my lungs. They are crying with the joy that has always rewarded those who found ways of forcing their self-righteousness on the general public."

"Posterity should have learned from the experiment that you can not legislate the average American into heaven. Yet every so often the thrill of trying to do it is more than some of our reformers can resist, and off we go into the wild blue yonder. Too often the result is one more law no one can enforce, thus adding to the contempt for authority.

"It will be noted in conclusion that smokers are just ordinary citizens, which means that most of them have some sense of courtesy. A few may even be well-mannered. It follows, then, that if cigarette smoke bothers you the vast majority of smokers will desist in your presence if asked in a genteel manner."

Editorial, "A Carry Nation Next?", Republic, Phoenix, Arizona, February 29, 1976.

"What education has failed to achieve, they [anti-smokers] are determined to achieve through legislation - to end smoking in the United States by making it unlawful.

"They're not demanding an outright ban on smoking; not yet. Their strategy is, one step at a time."

"Even more foreboding, the anti-smoking activists have begun to adopt Prohibitionist tactics, harassing people who smoke in such public places as airport terminals and supermarkets.

"They haven't as yet produced a Carry [sic] Nation to wreck cigarette counters, but we fear the worst."

2026259263

Herdt, T., "Have All the Smokers Gone?", Ohio State Lantern, Columbus, Ohio, March 3, 1976.

"But then, in the wake of the government's action abridging the free speech of cigarette companies, it became fashionable to discriminate against those who smoke cigarettes. A new oppressed minority was formed and it was subjected to the worst kind of righteous harassment from those who choose not to burn tobacco."

"But it's a lost cause, this defense of the smoker. The American Cancer Society and its Madison Avenue friends have convinced smokers that they are evil, foul-minded folks. They simply don't understand and certainly don't object to the insufferable oppression that has been forced upon them."

Editorial, "Don't Tread On Corns," Mail, Charleston, West Virginia, March 23, 1976.

"A little good will and some good manners will go farther toward solving mutual problems than giving one side a legal club to beat on the other side. There is plenty of room for everybody if we're just careful not to step on the other fellow's corns."

Anonymous, "Cafe President Huffs, Puffs At Smoking Law," Ogden, Utah Standard-Examiner, March 24, 1976.

"[P]resident-elect of the National Restaurant Association . . . Patrick L. O'Malley said here Tuesday[,] . . .

"'Do-gooders and sophisticates, with nothing better to do, lean heavily on congressmen and legislators who vote for headlines'"

"Such laws tend to make deputy sheriffs and cops out of restaurant owners and could well lose them patronage.

"O'Malley said the consumer is perfectly capable of making a choice about where and what he wants to eat and under what circumstances."

2026259264

Goldring, Joseph, "For Smokers and Non-Smokers, There's No Detente,"
(by Earl Byrd) The Washington Star, Washington, D.C., April 28, 1976.

"Police here will be wasting time enforcing smoking laws and the bills will inevitably make smokers criminals.

"A law such as this will cause more crime. While police are enforcing smoking laws, rapists and murderers will have a license."

(Joseph Goldring, Detective & President,
Police Association of the District of Columbia)

"Smoking Law 'Trendy'", San Antonio, Tex. Light, April 30, 1976.

"A survey made in Minnesota for the National Restaurant Association brought these comments from restaurant owners"

"Completely unenforceable, impossible to police, difficult to implement,"

"The association concluded that up to 94 per cent of the restaurant operators queried felt that their customers either do not want a no-smoking section or do not care whether or not one exists."

"The will of the minority over the apathy of the majority; a small, organized minority was able to get the law passed by skillful lobbying.

". . . ridiculous; (it) attempts to legislate behavior at social gatherings"

2026259265

Baker, Russell, "No No Smoking," Evening Sun, Baltimore, Maryland, May 3, 1976.

"I am baffled by the growing intolerance among so many people who don't smoke. . . .

"Obviously, it wasn't health that had turned him [a non-smoking cab driver] into a tyrant. Some subtler factor was at work. Something had persuaded him that the smokers of the world were an inferior class who had to be elevated, brutally if necessary, by society's better people, its nonsmokers.

"This is a fairly new attitude among nonsmokers, and I believe it results from the diminishing number of people in this country whom one can treat with intolerance and contempt without risk of being called a bigot."

(Wikum, Harriet, "Hawaii's New Oppressed Minority," (by Lois Taylor), Honolulu Star Bulletin, Honolulu, Hawaii, May 17, 1976.

"'It's interesting to me how intense this revulsion against smoking has become, All of us need to be right a lot of the time. For a lot of people, right gets translated into righteous.

"'This gives a lot of people a chance to be righteous and to know they've got a lot of people along with them. This is a big thing in our culture. All of a sudden, by not smoking, we're Important.'"

(Harriet Wikum, Member, City Planning Commission, Honolulu, Hawaii.)

2026259266

Editorial, "Jim Crow is Flying High," Jacksonville, Fla. Journal, October 8, 1976.

"Nonsmokers may find it unpleasant to ride beside a chain smoker, but it is also uncomfortable for a smoker to be told that he can't light up a weed for two or three hours."

"If the CAB thinks a total ban on smoking in airplanes will satisfy the nonsmokers, they haven't studied the history of pious crusaders in this nation. Once smoking is banned, the nonsmokers will probably insist that the smokers receive 20 blows from a cat-o-nine-tails before they board a plane. Piety is insatiable in America."

Editorial, "No-Smoking Crusade Goes Aloft," Times, Seattle, Washington, October 10, 1976.

"For those who use cigarettes to ease tension, and who are nervous enough about flying as it is, such a ban [smoking aboard aircraft] might prove almost unbearable."

"The zeal with which nonsmokers have been pressing their drive, in fact, has become increasingly worrisome to those concerned about the intrusion of government edicts into private behavior."

Editorial, WMAQ-TV, Chicago, Illinois, October 14 and 15, 1976.

"The real issue, it seems to us, is regulation. There are too many government agencies making rules and regulations that often turn out to be foolish. Trying to stop smoking at the train stations is an example. It would be an unenforceable rule -- and we don't think government agencies should make rules that cannot be enforced."

(This editorial was broadcast on October 14 and 15, 1976.)

2026259267

Editorial, "Should Smoking Cigarettes Be Banned Aboard Airliners?", Motor News, Dearborn, Michigan, January, 1977.

"SHOULD SMOKING CIGARETTES BE BANNED ABOARD AIRLINERS? That is what the Civil Aeronautics Board proposes to do. . . .

"'If the proposed (ban) is appropriate, what are the proper limits of governmental control over behavioral and other personal patterns?' When does freedom end and government control over every waking minute take over?"

Editorial Comment, "Legislators Picking On Us Smokers Again," Eagle, Cheyenne, Wyoming, February 9, 1977.

"If we are going to legislate against smokers, perhaps we also should designate special areas for germ breathers, people with halitosis, vociferous gum chewers, loud talkers and laughers, people with BO.

"Each public building could have little signs indicating just where persons who might offend someone else should go."

2026259268

Kline, F. and J. Goldberg, "Greatest Number of Laws Doesn't Make Great State," Affairs of State, March 7, 1977.

"During the current legislative session, bills regarding smoking, . . . have all been given real consideration by some members of the legislature.

"Ironically, these pieces of legislation have been introduced by some of the very people who pride themselves on the amount of freedom they believe the individual must possess. . . ."

"If these do-gooder legislators really believe these ideas are important they simply can go out on the road and sell people on the idea of not smoking, not drinking, not watching violence on TV, and picking up trash on the local park sites.

"This is not their approach, however. They forcefully attempt to say they are the only people in the world who know what is good for the rest of us."

Kline, F. W., "Police State--It's Rapidly Approaching," Affairs of State, May 11, 1977.

"Now there is legislation which tell[s] people they can't smoke in most public buildings . . . and private buildings . . . introduced by a legislator who usually votes against government control and interference in our lives . . . but this is for a very good cause, of course.

"The question is, how long will it be before Big Brother has totally taken over . . . all in the name of good causes?"

2026259269

2026259270

2. LUNG CANCER

Burford, T. H., Statement, Hearings Before the House Committee on Interstate and Foreign Commerce, June 29, 1964.

"I do not believe that lung cancer is caused by cigarette smoking and I do not believe smoking is responsible for any shortening of life. The oft-quoted statistics that smoking does cause lung cancer or does shorten human life have done nothing more than perhaps establish certain statistical associations which fall far short of proving a causal connection."

pp. 200-201

Greene, Harry S. N., Statement, Hearings Before the Committee on Interstate and Foreign Commerce, House of Representatives, May 4, 1965.

". . . the inference that tobacco smoking is a cause of lung cancer is not based on experimental evidence but on statistical judgment, and . . . causation cannot be inferred from statistical association . . . Experimental confirmation is essential . . . but to date this has not been forthcoming, and the nature of the relationship of tobacco smoking to lung cancer remains an unresolved question."

p. 506

2026259271

Kissen, D. M., "Possible Concentration of the Psychosomatic Approach to Prevention of Lung Cancer," Medical Officer, pp. 343-345, December 24, 1965.

". . . those with a poor outlet for emotional discharge appear to have more than four and a half times the mortality rate for lung cancer compared with those with a good outlet, and more than two and a half times the rate of those with a moderate outlet."

pp. 343-344

Cooper, D. A., et al., "Primary Carcinoma of the Lung in Nonsmokers," Archives of Environmental Health 16(3): 398-400, March, 1968.

"A considerable amount of literature based upon epidemiologic, statistical and experimental studies relates smoking to lung cancer, although the finite cause remains unknown. Because the concentration on the effects of tobacco smoke may obscure the search for other factors involved in the etiology of lung cancer, we report on 63 cases of lung cancer occurring in nonsmokers from a series of 1,372 cases of proven primary carcinoma of the lung. . . ."

p. 398

Fiorentino, M., "Lung Cancer in the U.S.: Observations on the Age at Death," Medical Record and Annuals 61(7): 228-230, 1968.

"An examination of the trends of age at death, however, brings up some points which do not seem to have an immediate and clear explanation consistent with the theory of association [of cigarette smoking and lung cancer], often called causation."

p. 228

2026259272

Langston, H. T., "The Thorax, Pleura and Lungs," Chapter 19 in Christopher's Textbook of Surgery, L. Davis, (Ed.), W. B. Saunders Co. (Philadelphia, 1968).

"The evidence incriminating cigarettes in that report [Smoking and Health] came from statistical surveys. Whereas the statistical correlations may show an association between heavy cigarette smoking and the occurrence of lung cancer, clinical facets of the disease strongly dispute the cigarette's role as etiologic agent."

p. 482

Brem, T. H., Testimony, Hearing Before the Committee on Interstate and Foreign Commerce, U.S. House of Representatives, pp. 1063-1076, April 15-May 1, 1969.

". . . only a very small proportion (probably less than 2 percent) of heavy smokers over many years develops cancer of the lung. The incidence is even much lower for smoking women. If smoking were indeed an important cause of lung cancer, it is difficult to explain how 98 percent of smokers of long duration escape the disease. Again, logic dictates that there must be something very different about these 2 percent, other than their smoking habits. This difference has, of course, not been identified as to its nature."

p. 1068

Buhler, V. B., Testimony, Hearings Before the Committee on Interstate and Foreign Commerce, U.S. House of Representatives, pp. 769-787, April 15-May 1, 1969.

"The disease seems to appear in smokers, non-smokers, light smokers and heavy smokers at about the same age. Also, the average age is reported to be advancing. People seem to have taken up smoking at earlier ages over the last 30 years. Yet the median age at death from lung cancer for white males in 1949 was reported to be age 61 and in 1965 the median age has increased to nearly age 65. If cigarette smoking causes lung cancer, why doesn't it occur sooner in those who start smoking early in life?"

pp. 771-772

2026259273

Fisher, H. Russell, Statement, Hearings Before the Committee on Interstate and Foreign Commerce, House of Representatives, pp. 1214-1216, April 15-May 1, 1969.

"If cigarettes were the cause of cancer, I believe we would have an incidence many times greater than we do now, and would not encounter the disease in non-smokers."

p. 1216

Rigdon, R. H., "Cigarette Smoking and Lung Cancer: A Consideration of This Relationship," Southern Medical Journal 62(2): 232-235, 1969.

"A statistical association between cigarette smoking and lung cancer has been demonstrated; however, such an association does not constitute a 'cause and effect' relationship. Many scientists question this association. Experimental attempts have failed to support this statistical association."

p. 235

2026259274

Lees, T. W., "Association Between Smoking and Disease," Presented to the Standing Committee on Health, Welfare, & Social Affairs, House of Commons, Ottawa, Canada, May 12, 1969.

"No good evidence has been produced to show that the accepted association between smoking and lung cancer and many other diseases is one of cause and effect."

p. 16

"Behind the assertion that smoking causes cancer lies the implication that the meteoric rise of lung cancer is unique in the history of cancer so it must have some unique specific external 'cause.' This is not the case. Taking both sexes together, the death rate from cancers of the upper alimentary tract (mouth + gullet + stomach) was nearly as great in England forty years ago as lung cancer is today yet they are now in rapid decline. No one suggested that these cancers must have a single external dominant cause."

p. 17

"I suggest that the rise of lung cancer in Europe and North America in the middle of the 20th century is largely a natural phenomenon. This rise can be more accurately and plausibly fitted to a general theory of the occurrence of specific diseases than to the theory that its dominant cause is an undetermined chemical in cigarette smoke."

p. 27

2026259275

Malhotra, S. L., "Clues to the Possible Mode of Action of Cigarette Smoke in the Pathogenesis of Lung Cancer," Journal of the Indian Medical Association 55(8): 265-270, October 16, 1970.

". . . there still remain many unsolved problems in the aetiology of carcinoma of the lung which tend to obscure the cigarette hypothesis."
p. 265

McCall, M. G. & N. S. Stenhouse, "Deaths from Lung Cancer in Australia," The Medical Journal of Australia, pp. 524-525, March 6, 1971.

"The effect of an environmental agent such as air pollution would be strongly supported by evidence that the death rate from lung cancer in British immigrants increases with increasing periods of residence in England before immigration to Australia . . . Since smoking habits do not vary greatly between the countries studied, the findings reported here strongly support Dean's conclusion that the role of air pollution in the genesis of lung cancer has been seriously underestimated."

p. 525

Rosenblatt, M. B., et al., "Causes of Death in 1,000 Consecutive Autopsies," New York State Journal of Medicine 71(18): 2189-2193, September 15, 1971.

"Carcinoma of the lung was the only neoplasm which was greatly overdiagnosed clinically and in which no unsuspected cases were found at autopsy."

p. 2192

2026259276

Rosenblatt, M. B., et al., "Prevalence of Lung Cancer: Disparity Between Clinical and Autopsy Certification," Medical Counterpoint, pp. 58-59, October, 1971.

"There was a marked contrast in accuracy in the diagnosis of lung cancer as compared with other internal neoplasms. Autopsy confirmation in carcinomas of the colon, pancreas, stomach and ovary was very high whereas in carcinoma of the lung the diagnosis was verified in only 45 per cent of the cases."

p. 58

Sterling, T. D. & S. V. Pollack, "The Incidence of Lung Cancer in the U.S. Since 1955 in Relation to the Etiology of the Disease," American Journal of Public Health, pp. 152-58, February, 1972.

"There is unequivocal evidence of an 'urban' factor for lung cancer, as distinct from smoking patterns or questions of classifications or diagnosis. This excess in urban areas for lung cancer decreases by size of city when smoking patterns are held constant and varies by geographical areas. The native white male mortality rate for lung cancer is over 100% greater in urban areas than in rural areas. . . .

"The fact that the incidence of lung cancer is leveling off at a time when it ought to have increased (if smoking is the major cause of lung cancer) ought to give us some pause. Together with other anomalies, these data suggest the possibility that particulate pollution rather than smoking may be the primary source of the incidence of lung cancer in the United States."

p. 157

2026259277

Langston, H. T., "Lung Cancer-Future Projection," Journal of Thoracic and Cardiovascular Surgery 63(3): 412-415, March, 1972.

"Based on age incidence studies of lung cancer for the 30 year period from 1939 to 1968 at the Veterans Administration Hospital, Hines, Illinois, the following comments are justified: 1. The currently recognized wave of increased incidence in lung cancer is principally composed of persons born between 1890 and 1900. 2. When this generation passes on there should be a marked reduction in the overall problem of lung cancer in this institution. This is to be expected by about 1980."

p. 415

Herrold, K. McD., "Survey of Histologic Types of Primary Lung Cancer in U.S. Veterans," Pathology Annual 7: 45-79, 1972.

"Extremely important from a biologic standpoint is that only a small percentage of heavy cigarette smokers develop lung cancer."

p. 74

"There was no correlation found between the histologic type of primary lung cancer and the amount of tobacco smoked among the 'current smoker of cigarettes only.'"

p. 77

Hueper, Wilhelm C., "Lung Cancer and Smoking in Perspective," Lawyers' Medical Cyclopedia . . . of Personal Injuries and Allied Specialties, Charles J. Frankel, Ed., Revised Vol. Five, The Allen Smith Company, Indianapolis, pp. 559-568, 1972.

"A recent statement by the Surgeon General of the Public Health Service, as to the lack of need for any further research into the etiology of lung cancer (because this problem had been solved by the cigarette theory), reveals that this public health agency has erroneously accepted an indiscriminate and uncritical promotion of claims of most dubious scientific merits. . . ."

p. 560

2026259278

Hueper, Wilhelm C., "Lung Cancer and Smoking in Perspective," Lawyers' Medical Cyclopedia. . . .of Personal Injuries and Allied Specialties, Charles J. Frankel, Ed., Revised Vol. Five, The Allen Smith Company, Indianapolis, pp. 559-568, 1972.

"Human exposure to many of these agents [potential human carcinogens] is not only widespread, but also often intense, and most of them are used without observing any real precautions. This lack of precautions may continue as long as the exposed public can be persuaded that the main lung cancer hazards are limited to cigarette smoking."

p. 561

"The time of onset of the rise in lung cancers has varied remarkably among different countries and has no relation to the consumption of cigarettes in these regions preceding the onset. The progression rates of this phenomenon for both sexes exhibit in many respects an erratic pattern in different countries, regions, and metropolitan areas as well as for various demographic groups. Such fluctuations cannot be attributed to variations in cigarette smoking."

p. 563

"The gradual rise of the lung cancer rate among females in recent years in some countries has been ascribed to the growing adoption of this habit [cigarette smoking] by women. However, the presence of high lung cancer rates among women of several countries (occidental-Israeli women in Israel; Mexican-born women in California; women in Iceland) which cannot be explained by excessive cigarette smoking (although this has been tried), do not support such sweeping contentions.

"Considering also that women are becoming exposed to the large number of environmental respiratory carcinogens as men do when they enter public life, and that the degree of pollution of the occupational and environmental atmosphere with these agents has grown to an astonishing degree for most of these agents, it is not surprising that the lung cancer rates of women exhibit a trend similar to that of men."

p. 565

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2026259279

Kutty, M. K. & M. Balasegaram, "Malignant Tumours in West Malaysia," Journal of the Royal College of Surgeons Edinburgh 17(2): 102-107, 1972.

". . . there was no significant correlation between smoking and lung cancer in our series. Although Malays, like the Chinese, indulge in smoking, the disparity in the incidence does not support the theory that smoking plays an important role in the aetiology of lung cancer."

p. 106

Lewin, R., "Towards Perfect Man," New Scientist, pp. 38-39, October 4, 1973.

"He [Burch] has looked at lung cancer too and concludes that smoking is not causal. He points out that when cigarette smoking first became popular in 1900 it was with men only. Women took up the habit some 30 years later. This being so, he claims, one would expect to see kinks in the incidence of lung cancer at different stages for men and women since the start of the century. There are no kinks."

p. 39

Burch, P. R. J., "Does Smoking Cause Lung Cancer?", New Scientist, pp. 459-463, February 21, 1974.

"Modern necropsy studies have shown that large errors are still associated with the clinical diagnosis of lung cancer. . . . these and other postmortem studies are the best indicators we have and they make nonsense of the prodigious increases in lung cancer mortality inferred from death certificates."

p. 462

"I am unable to sustain the hypothesis I once held: that lung cancer 'is almost entirely due to cigarette smoking.' At the same time, I am unable to refute Fisher's constitutional hypothesis which offers a plausible and well supported interpretation of numerous otherwise paradoxical findings."

p. 463

2026259280

Hickey, R. J., et al., "Aryl Hydrocarbons, Smoking and Lung Cancer,"
New England Journal of Medicine 290(10): 576-577, March 7, 1974.

"The association of cigarette-smoking behavior with lung-cancer risk is well known, but inference of causality from correlation is invalid. Moreover, ecologically acceptable animal studies have generally failed to support the hypothesis that cigarette smoking causes lung cancer. An alternate hypothesis, that smoking behavior and lung-cancer risk are influenced by a common cause - the individual constitution or genotype - appears compatible with observed data. Smoking may be symptomatic of constitutional deficiencies that render smokers, on the average, more vulnerable than nonsmokers to damaging effects of air pollutants."

p. 577

Haydon-Baillie, M., FRCS, "Responsible Enthusiasm," World Medicine,
London, Cutting #3096, June 19, 1974.

"[F]irstly, I for one do not credit the simple belief that smoking is a cause of pulmonary disease; secondly, those persuaded to relinquish smoking tend to overeat thereafter; and thirdly, the review of statistics by Hinshaw and Garland shows inexplicable variations in the incidence of lung cancer in smokers, notes that cancer of the more affected larynx is comparatively rare and concludes that the lung cancer incidence in smoking females has been declining since 1960 and that in males it will decline from a peak in 1983."

Mancuso, T. F. & T. D. Sterling, "Black and White Migrants in the U.S. - A Study of Lung Cancer in Ohio Residents (1959-1967)," Presented at 1st World Congress of Environment Medicine and Biology, Paris, July 1-5, 1974.

"The increase of lung cancer among nonwhite males has raised the question - whether the increase may be related to smoking habits. . . . If the cigarette hypothesis is used then the lung cancer for the white males should be higher than the black. In actual fact, the opposite has occurred, the blacks, nationally in the United States, have a much higher rate. . . ."

p. 4

2026259281

Langston, H. T., "Swimming Up Stream," Grant Physician 1(2): 10-11, July, 1974.

"In putting all of this together, several points could be clearly stated that helped me decide against accepting the 'popular' view of a causal relation between tobacco and lung cancer.

1. Lung cancer is predominantly a disease of males.
2. It has a very clearly defined age incidence. The peak occurs between 55-70 years in the general population.
3. There is no clearly established dosage factor. Victims of lung cancer who started smoking at an early age and smoked heavily developed their lesions in the same average age period as the other lung cancer victims.
4. German pathologists, notably Von Kikuth, who illustrated his material by a graph, showed this disease to be increasing in frequency in autopsy material beginning around 1890 to 1900. This was long before cigarettes became popular."

p. 10

Burch, P. R. J., "Smoking and Lung Cancer," Lancet, p. 950, October 19, 1974.

". . . the recorded increases in lung cancer, considered for men and women separately, are not associated in time with the increases in cigarette smoking."

Jimenez, F.; et al., "Cancer of the Lung in Males," Bulletin N.Y. Academy Med. 51(3): 432-438, March, 1975.

"It was of interest that during the 10-year period of the study the incidence of bronchogenic carcinoma among total carcinomas and among autopsies showed no tendency to increase, whereas during the same period the national statistics on lung cancer, based chiefly on non-autopsy cases, showed an increase from approximately 45,000 to 72,000 cases (60%). This large disparity suggests that the reported increase in lung cancer may have been due to a rise in diagnosed cases but may not necessarily reflect a true increase of the disease."

p. 437

2026259282

Gifford-Jones, W., "Fear of Dying," Maclean's, pp. 58-61, August, 1975.

"For some people, the case is closed. They accept the U.S. Surgeon-General's report as gospel. The more you smoke, the report said, and the longer you have been doing it, the greater your risk of dying from lung cancer. But the committee that produced the report carried out no new medical research. Instead, it conducted retrospective studies, in which people with lung cancer were questioned about their smoking habits, and prospective studies, which involved apparently healthy men and women, some of whom later contracted the disease. More than a million people were monitored over several years; 37,000 later died of various diseases, and their smoking habits were then compared.

"The results allegedly proved that the death rate for lung cancer was 10 times as high among smokers as among nonsmokers. The figures seemed so convincing that no one apparently wanted to disagree with them. But the great weakness of the report was that it was a statistical study, and statistics can be misleading. In fact, it was the statisticians who proved the loudest critics of the findings.

"For while the report showed that more smokers than nonsmokers died from stomach cancer, still other statistics indicated that as cigarette smoking has increased[,] deaths from stomach cancer have decreased. And, since people who have never smoked make up only a small part of the total population, how does one explain the disparity between the large number of smokers and the rarity of lung cancer? Nor has it been demonstrated that heavy smokers are stricken with lung cancer earlier in life than light smokers, which you might expect if smoking were actually the cause."

p. 58

2026259283

Gifford-Jones, W., "Fear cf Dying," Maclean's, pp. 58-61, August, 1975.

"The report devotes 387 pages to condemning smoking, but only a few lines to its possible psychological effects. What would happen to 90 million North Americans if by some miracle they all stopped smcking? Would the removal of this 'comforter' cause stomach ulcers, hypertension, heart attacks or colitis? What would happen to older people deprived of the consolation of a quiet smoke? Has the scare taken away the pleasure? In a word, has can-
cerphobia done more harm than smoking? . . .

"The vast amounts of money that financed the Surgeon-General's report could have been more wisely spent on basic cancer research, or on other worldwide problems such as pollution, the energy shortage or over-population."

p. 61

2026259284

Sterling, T. D., "A Critical Reassessment of the Evidence Bearing on Smoking as the Cause of Lung Cancer," American Journal of Public Health 65(9): 939-953, September, 1975.

"If we pull together the information which has become available in the last few years about the prospective studies, we find substantial support for the possibility that the findings linking smoking to lung cancer, and perhaps also to other diseases were due to a faulty selection process that introduced a large number of biases."

pp. 945-946

"Recent findings have verified that lung cancer mortality rates, both in this country and in England and Wales, have stabilized and begun to decline for younger and middle-age population groups. . . . Clearly, it would be unreasonable to observe a decline in lung cancer rates at a time when the consumption of cigarettes is increasing if it were true that cigarettes are a major cause of lung cancer. The parallel observation of the leveling off and decline of lung cancer in this country and in England ought to have far-reaching negative implications."

p. 946

"Lung cancer mortality for migrant populations falls between the rates in country of origin and new host country. This observation has been established predominantly for English immigrants to the U.S., Canada, South Africa, Australia, and New Zealand. . . . The shift in lung cancer deaths from origin to host rates in the immigrating population suggests the importance of environmental factors in the etiology of this disease."

p. 947

2026259285

Belcher, J. R., "The Changing Patterns of Bronchial Carcinoma,"
British Journal of Diseases of the Chest 69: 247-258, 1975.

"It is interesting to speculate on the cause of these changes [changes in age and incidence patterns of lung cancer]. Are they due to the discovery of the relationship of cigarette smoking to bronchial carcinoma and the subsequent national campaign against the habit? This seems a likely suggestion until it is realized that the fall in the percentage increase in the rate and eventually of the rate itself in the younger age groups was happening as long ago as 1950. It seems more likely that the fall in the percentage rate of increase which dates back for at least fifty years has eventually led to an actual fall in the rate itself. This process has progressed steadily over many years, and represents the natural history of carcinoma of the bronchus."

p. 257

Burch, P. R. J., "Problems in the Interpretation of Cancer Statistics With Special Reference to Lung Cancer," Journal Society of Occupational Medicine 25: 2-10, 1975.

"My analysis. . . indicates that most human cancers, as recorded in national mortality statistics, are spontaneous in origin. I infer that they arise, in genetically predisposed persons, as the result of the intrinsic instability of genes in stem cells of the central system of growth control."

p. 9

Feinstein, A. R., "Neoplasms of the Lung," in Cecil-Loeb Textbook of Medicine, Beeson, P. B. & W. McDermott, Eds., W. B. Saunders Co., (Philadelphia, 1975).

"No single cause for lung cancer has been identified The many conflicting claims and counterclaims about the cause of lung cancer will probably not be resolved until prolonged, well-designed clinical epidemiologic studies can be conducted."

p. 868

2026259286

Gifford-Jones, W., "'Cancerphobia': The Universal Disease," Chapter 11 in The Doctor Game, McClelland & Stewart, Ltd. (Toronto, 1975), pp. 131-138.

"[I]t never seems to have been demonstrated that heavy smokers are stricken with lung cancer earlier in life than light smokers, which you would expect to be the case if smoking was actually the cause of the cancer."

p. 135

"Why do nonsmokers die of the same diseases as smokers? Why is lung cancer found in animals? The white South African male has been the heaviest smoker in the world for years. But his rate of death from lung cancer is lower than either that of Great Britain or the United States. Great Britain has a higher lung cancer rate than the United States or Canada, but it has a lower per capita sale of cigarettes."

p. 136

"Backers of the smoking-lung cancer theory frequently refer to experiments in which skin cancers are produced in mice by repeatedly painting their skins with tar. But medical journals have severely criticized these experiments. The quantity of tar needed to produce the cancer is fantastically higher than that found in cigarette smoke. To expose yourself to the same amount of tar, you would have to smoke 100,000 cigarettes a day!"

p. 136

"The discovery of cortisone and insulin were likewise the result of idea and experiment, not statistics. The cause of and the cure for heart disease and lung cancer will be found in the basic research now taking place in laboratories all over the world."

p. 138

2026259287

Smith, B., "Cancer Incidence," New Scientist, pp. 304-305, February 5, 1976.

"The concentration on smoking as the sole cause of lung cancer simply discourages the search for other environmental factors. If asbestos did not cause a very unusual lung tumour, it might not have been picked up as the cause of the much commoner bronchial one."

p. 305

Belcher, J. R., "Changing Patterns of Cancer," British Medical Journal, p. 523, February 28, 1976.

"If a comparison is made between the average consumption among women who reached 45 ten years ago and those now reaching that age it can be shown that the latter had substantially higher cigarette consumption per head than that of their elder sisters, the difference being in the order of 3:2, but they have a falling incidence of bronchial carcinoma. Surely there must be another factor at work."

Sterling. T. D., "Additional Comments on the Critical Assessment of the Evidence Bearing on Smoking As the Cause of Lung Cancer: Communication from Sterling," American Journal of Public Health 66(2): 161-164, February, 1976.

"[I]ncreases in lung cancer among women may well be associated with the increasing employment of women in occupations where they are exposed to physical and other stresses."

p. 162

2026259288

Sterling, T. D., "Additional Comments on the Critical Assessment of the Evidence Bearing on Smoking As the Cause of Lung Cancer: Communication from Sterling," American Journal of Public Health 66(2): 161-164, February, 1976.

"[T]he increase in the number of women smokers may be an index of the increase in women's participation in industrial employment. The increase in female lung cancers is explained much more readily as the effect of increasing occupational exposures. Indeed, the lung cancer incidence among women in industrial occupations is as high if not higher than that of men."

p. 162

"There is indeed a universal tendency to ignore the occupation of the smoker. . .It is ironic that while studies of environmental or occupational health effects are constrained to take population smoking habits into account, studies on smoking effects seldom bother to search for or report on occupational exposures."

p. 162

Myddelton, Geoffrey, "Mortality from Lung Cancer," The Lancet, pp. 740-741, April 3, 1976.

"[I]t is clear that 4 out of 5 cases among women have nothing to do with cigarettes, and the steady rise in the disease must have some other cause. Air pollution by carcinogens is the obvious answer, and the most likely cause of this is the internal combustion engine, especially the diesel. Enthusiasm for the cigarette theory should not be allowed to hold back the thorough investigation of every possible factor."

p. 741

2026259289

Kennedy, A., "Mortality from Lung Cancer," The Lancet, p. 965, May 1, 1976.

"Despite a rise in the number of cases [of lung cancer in women] seen during the period studied it was only in the later years that this was accompanied by an increase in the proportion of smokers among the patients. It might also be expected that, if the increase was due to smoking, there would be an increase in the proportion of squamous and oat cell cancers seen, but there was no evidence of this. This suggests either that smoking has no influence on the cell type of the tumour in British women or that the increase in incidence was due to some other, undiscovered factors. . . . I suggest that to concentrate all our efforts on a reduction in the smoking habit may lead us to neglect other causes of carcinoma of the lung."

Harley, H. R. S., "Cancer of the Lung in Women," Thorax 31(3): 254-64, June, 1976.

"[I]f the increase [of lung cancer] in women is due to increased smoking there should be a change in the proportions of the histological types of cancer, and this has not occurred in either Britain or the USA. . ."

p. 260

"[T]he incidence of cancer of the lung in men and women is influenced by sex and nationality, but . . . the role of environmental factors, including tobacco, in women is obscure and may vary in different parts of the world."

p. 260

2026259290

Macdonald, Eleanor J., "Air Pollution, Demography, Cancer: Houston, Texas," JAMWA 31(10): 379-395, October, 1976.

"With the reasonable assumption that the general urban pattern of cigarette smoking exists in Houston, and with the products of automobile combustion nearly evenly distributed over all of the city, the evidence is overwhelming that the environmental factors of exposure over time to air and industrial pollutants in Houston has had a demonstrable effect in doubling regional mortality from cancer of the respiratory tract in the last 15 years as well as from other diseases and conditions of the respiratory tract and from heart disease."

p. 394

"It is increasingly clear that there is no simplistic answer to the cause of respiratory cancer or cancer of many other sites."

p. 395

(Burch, P. R. J., The Biology of Cancer, A New Approach, Baltimore, University Park Press, 1976.

"Those epidemiological studies that purport to show a causal connection between cigarette smoking and various cancers, but particularly lung cancer, fail when examined critically to establish the causal claim. In this context I have no option but to reject the conclusions of 'authoritative committees and commissions' and to concur with Fisher (1959), Berkson (1959) and others in proposing that the positive (and negative) associations between smoking and various malignant diseases have a genetic origin."

p. 395

2026259291

Sommers, Sheldon C., M.D., Statement, Hearings Before the Subcommittee on Health of the Committee on Labor and Public Welfare, United States Senate, February 19, 1976.

"Certain false alarms like the Auerbach beagle dogs, and other studies of rats and mice, have stirred hope that a model had been achieved, but no cancers that grew, spread, and led to death like human squamous cell lung carcinomas have been reported in animals.

"After 45 years of inhalation research, and although expensive efforts continue, no success has been achieved in producing experimental lung cancers in any reasonable, or even small numbers of experimental animals."

p. 272

Latif, M., "The Environment and Bronchial Carcinoma," Med. Welt 27(32): 1517-1522, 1976. [Unofficial Translation]

"The nature and quantity of cigarette smoking appears to be without importance for most cases or for the increased incidence of this type of cancer [bronchial]. Thus it is more important to devote attention to the effects of various environmental factors."

p. 6, translation

"[T]he smoker etiology is not sufficient to explain all cases of bronchial carcinoma. We have searched for other causes and found that various environmental influences are the cause of bronchial carcinoma."

p. 12, translation

Burch, P. R. J., Letter, British Medical Journal 1(6054): 165, January 15, 1977.

"[T]he detailed changes in recorded death rates from lung cancer in England and Wales from 1901 to 1970 were strikingly synchronous in the two sexes. Thus the major cause of the increases had a simultaneous impact on both sexes and could not have been cigarette smoking because the increase in consumption of cigarettes by women lagged some 30 years behind that of men."

"Post-mortem studies of the frequency of lung cancer show that the most important factor in the increase of recorded lung cancer has been clinical diagnostic error."

2026259292

Burch, P. R. J., Letter, British Medical Journal 1(6054): 165, January 15, 1977.

"[T]he data suggest that the recorded and verified absolute death rates from lung cancer in British male doctors--which should be more reliable than those in the general population--have shown no significant temporal trend, either up or down, over the period 1955-71. . . . It appears that doctors have derived little or no proved benefit with respect to lung cancer, or to all causes of death, by giving up cigarettes.

When this evidence for temporal trends is coupled with the finding that the risk of lung cancer in inhalers is appreciably less than that in non-inhalers. . . it becomes increasingly difficult to accept the dogma that lung cancer 'is almost entirely due to cigarette smoking.'"

Cockshut, R. W., "Smokers and Alcoholics," British Medical Journal, p. 173, January 15, 1977.

"[T]he cause of cancer of the lung is not known. We have only statistical inferences and forecasts. [U]ntil it [the unknown factor] is discovered no one who values scientific evidence should assume that cigarettes cause cancer of the lung. There is a statistical connection between them just as there was an overwhelming case for compulsory vaccination which proved to be totally false. . . ."

2026259293

Sterling, Theodor D., "Does Smoking Kill Workers or Working Kill Smokers? or The Mutual Relationship Between Smoking, Occupation and Respiratory Disease," Presentation for School of Workers, University of Wisconsin Extension, pp. 1-17, April 18-22, 1977.

"While cigarette smoking has been widely accepted by physicians and public health workers alike as the major cause of many lung diseases, a score of scientists have continued to point to the flaws, irregularities, and contradictions in the smoking and health data. Some even feel that some of the effects of occupational exposures may have been MASKED by poorly designed and ineptly analyzed smoking studies. Enough evidence exists now to seriously question the widespread conviction that cigarette smoking is the primary cause of lung disease, especially cancer and chronic obstructive disease."

p. 1

"When both smoking and occupation are taken into account . . . it is the occupation and not smoking that appears to be the major cause of lung cancer."

p. 3

"The expected proportion of all cancer deaths among males is approximately 17 per cent indicating that the cancer rate among asbestos workers is about three times that of comparable U.S. males. Recently Johns Manville insisted on writing a no-smoking clause in a union contract. Perhaps this is just one more attempt to divert attention away from the hazard of work with asbestos."

p. 6

2026259294

Sterling, Theodor D., "Does Smoking Kill Workers or Working Kill Smokers? or The Mutual Relationship Between Smoking, Occupation and Respiratory Disease," Presentation for School of Workers, University of Wisconsin Extension, pp. 1-17, April 18-22, 1977.

"The ease with which lung cancer can be produced in animals using a wide variety of industrial pollutants and the failure so far to produce lung cancer by tobacco smoke are important factors that have long been neglected in trying to assess the effect of smoking on lung cancer and other lung diseases."

p. 12

"Smoking appears to have been used to divert attention away from the effects of occupational and of environmental exposures. . . . It is of the greatest importance in this connection that to our knowledge not one Cancer Registry in Canada and the U.S. bothers to determine the occupation of lung or other cancer cases although information on smoking always is included."

p. 14

2026259295

Mintz, Morton, "'Startling' Cancer Rise Among Nonwhite Adult Males Cited," The Washington Post, p. A2, June 15, 1977.

"[T]he number of cancer deaths accounted for neither by aging of the population nor by its growth has risen disproportionately in the period of greatest government spending for the National Cancer Program--'the war on cancer.'

"[D]espite huge appropriations for the program since it began in 1971 (the current outlay is \$815 million), the cure rate of 1 in 3 has not changed since 1957.

"Leading scientists who testified agreed that there were troubles in the management of the program.

"Dr. Irwin D. J. Bross, chief of health statistics for Roswell Park Memorial Institute, a leading cancer research center in Buffalo, N.Y., charged that the program has been so mismanaged it is producing more cancer than it is preventing."

2026259296

3. HEART DISEASE

2026259297

Russek, H. I., Statement, Hearings Before the House Committee on Interstate and Foreign Commerce, June 30, 1964.

"This study (of more than 12,000 persons in 14 occupational groups) revealed that emotional stress appeared to be far more significant than heredity, dietary fat, tobacco, obesity or physical inactivity in the development of heart attacks."

Evans, W., Statement, Hearings Before the Committee on Interstate and Foreign Commerce, House of Representatives, pp. 1246-1249, April 15-May 1, 1969.

"The incrimination that smoking causes or accelerates heart disease from atherosclerosis of the coronary arteries is wholly unwarranted."

p. 1246

Seltzer, C. C., Statement, Hearings Before the Committee on Interstate and Foreign Commerce, House of Representatives, pp. 531-545, April 15-May 1, 1969.

"It will be regrettable, if the impact of the prestige of the U. S. Public Health Service led scientists and the public to believe in and accept as firmly established facts which, on the basis of current knowledge, are speculative and lacking in scientific validity. The situation demands not special pleading but scientific truth, namely, what is reasonably established. And, certainly, it has not been reasonably established that cigarette smoking causes coronary heart disease."

pp. 533-534

Cederlof, R., et al., "Cardiovascular and Respiratory Symptoms in Relation to Tobacco Smoking - A Study of American Twins," Archives of Environmental Health 18: 934-940, June, 1969.

"It seems that genetic factors are important in the development of coronary symptoms. We believe that along with social, dietary, and other environmental factors, the genetic factors may contribute to the higher prevalence among smokers than among nonsmokers."

p. 940

2026259298

Brown, J., et al., "Nutritional and Epidemiological Factors Related to Heart Disease," World Review of Nutrition & Dietetics 12: 1-42, 1970.

"A comparative epidemiological study of possibly related factors was made using 1994 middle aged men, including over 500 pairs of brothers, one of whom lives in Ireland and the other in Boston. . . . The proportion of calories derived from fat and saturated fat, the serum cholesterol, the blood pressure levels and the amount of cigarette smoking did not differ markedly. The weight, skinfold thickness and number of abnormal electrocardiograms were higher in the Boston subjects. A study of the pathology of coronaries and aortas from autopsies revealed much earlier serious atheromatous involvement in the Boston than in the Irish specimens."

p. 40

Jenkins, C. D., "Psychologic and Social Precursors of Coronary Disease" (First of Two Parts), New England Journal of Medicine 284(5): 244-255, February 4, 1971.

"These limitations in the current knowledge of the etiology and modes of prevention of coronary disease argue for broadening the search for contributing causes and possible dynamics of pathogenesis, rather than merely intensifying the study of the few traditional 'risk factors.'"

p. 244

Jenkins, C. D., et al., "Association of Coronary-Prone Behavior Scores with Recurrence of Coronary Heart Disease," Journal of Chronic Diseases 24(10): 601-11, November, 1971.

"Evidence has been accumulating in recent years that social and psychological factors are involved in an important way with the etiology of coronary heart disease.

"This overt behavior pattern (Type A) has been shown to be associated with increased prevalence of coronary heart disease (CHD) by three different research groups. . . ."

p. 601

2026259299

Soloff, L. A., Statement, Hearings Before the Consumer Subcommittee of the Committee on Commerce, U. S. Senate, February 1, 3 & 10, 1972 (as quoted by Senator Marlow Cook, Closing Statement, p. 286).

"In conclusion, the data linking heart disease and smoking are still questionable. Studies with particular reference to twins in the United States and Sweden and epidemiological studies in many countries fail to show a correlation between smoking and coronary heart disease. Human studies on smoking that utilize highly artificial circumstances are of questionable validity. Such data do not provide support for the proposed arbitrary limitation on so-called 'incriminated agents' in cigarette smoke."

Keys, A., et al., "Probability of Middle-Aged Men Developing Coronary Heart Disease in Five Years," Circulation XLV: 815-828, April, 1972.

"Coronary heart disease (CHD) is now commonly held to have a multivariable causality; in other words, several, perhaps many, variables promote the disease."

p. 815

"It will be noted also that for the three most universally established risk factors, age, blood pressure, and cholesterol the difference between the cases and noncases is larger for hard CHD than for any CHD. This indicates that the more secure the CHD diagnosis, the more clearly is the disease related to age, blood pressure and serum cholesterol."

p. 819

2026259300

Russek, H. I., "Progress in the Treatment and Prevention of Coronary Heart Disease," American Family Physicians, pp. 68-74, September, 1973.

"Even the statistical relationship between smoking and coronary heart disease may reflect the importance of emotional stress rather than cigarettes per se. The report that 100,000 physicians in the United States have given up smoking led us to investigate possible alterations in mortality statistics in this group. . . . It is evident that there has been no increase in the average age at death among physicians during the past 16 years. . . . While it is possible that the full results of this abstinence have not yet been seen, the resolution of underlying stress rather than smoking per se may be the crucial factor. . . . These findings are consistent with the apparent predisposition of doctors to coronary heart disease, a vulnerability which can be attributed to the stresses in their way of life."

p. 73

Seltzer, C. C., "More on Smoking and Heart Disease," New England Journal of Medicine 289(22): 1200-1201, November 29, 1973.

"Unless these conflicts in the data are satisfactorily disproved or reconciled, the current enthusiasm for cigarette smoking as a major risk factor in coronary heart disease may become an outstanding fallacy of our era."

Barnard, C. N., Heart Attack: You Don't Have to Die, Dell Publishing Company (New York, 1973).

"[T]he whole subject of coronary heart disease bristles with emotional overtones. Look at the terms that are used when the subject is discussed: 'the scourge of Western civilized man,' 'number one killer,' 'epidemic proportions,' 'consumer society.' These terms all convey, in addition to the factual information, the message of fear or guilt. The use of such expressions can be a valuable device for obtaining research funds or for manipulating public opinion to other ends, but it serves no other purpose."

pp. 53-54

2026259301

Barnard, C. N., Heart Attack: You Don't Have to Die, Dell Publishing Company (New York, 1973).

"On deeper scrutiny, however, it is apparent that smokers and nonsmokers are different kinds of people with clear-cut differences in such things as their food preferences. Colleagues of mine in Cape Town showed some years ago that smokers eat more meat and eggs than do nonsmokers and have subtle differences in their sense of taste. It may easily be these basic differences, then, rather than smoking itself, which are responsible for any variations in coronary heart disease incidence rates."

p. 76

Werko, Lars, "The Borderline Between Health and Disease, Prevention or Treatment?," Early Phases of Coronary Heart Disease: The Possibility of Prediction, Edited by Waldenstrom, et al., Nordiska Bokhandelns Forlag, pp. 341-362, 1973.

"The connection between the risk factors we usually consider and the later incidence of clinical coronary artery disease is a purely statistical one. It does thus not by itself mean any cause-effect relation, something which is, however, not always clearly realized."

p. 349

"The animal models used to study the development of arteriosclerosis, and in particular coronary arteriosclerosis, ischaemic heart disease and myocardial infarction are not representative of the human disease. Consequently, though much work has been invested in these animal experiments few conclusions can be drawn from the results of these to the clinical or human situation. This is especially true for the huge literature on dietary studies using maximally distorted diets with fats, carbohydrates, proteins and vitamins in non-realistic relations when compared with ordinary clinical situations. This is also true for animal studies on behaviour, cigarette smoking (or influence of nicotine or of carbon monoxide). It may be equally true for the animal or model studies on the effect of physical exercise, psychic stress, or high blood pressure on the development of coronary artery disease."

p. 350

2026259302

Werko, Lars, "The Borderline Between Health and Disease, Prevention or Treatment?", Early Phases of Coronary Heart Disease: The Possibility of Prediction, Edited by Waldenstrom, et al., Nordiska Bokhandelns Forlag, pp. 341-362, 1973.

"Even though many would like to interpret the statistical relation of several risk factors to the later development of disease as a causal one, and consequently see the interference with risk factors as the primary measure of prevention, there has so far not been any study showing that changes in--or even removal of--one or several risk factors lead to a decreased incidence of coronary artery disease in a free-living population compared with adequate controls."

p. 350

". . . I would suggest that the Gospel from Framingham should not always be accepted as a heavenly truth.

". . . It has also become increasingly clear that half of the cases of CHD occurring in the U.S.A. cannot be explained by theories involving the current risk factors only. This means that other less known, supposed or completely unknown factors are as important for this disease as all the often discussed risk factors together. Also demonstrating the magnitude of ignorance is the complete lack of explanation for the marked geographical differences in incidence of CHD. . . "

p. 357

"Is it not possible that the present Western society with its emphasis on economic success, high standard of living calculated in monetary units and gadgets is breeding the coronary prone man?"

p. 357

2026259303

Werko, Lars, "The Borderline Between Health and Disease, Prevention or Treatment?," Early Phases of Coronary Heart Disease: The Possibility of Prediction, Edited by Waldenstrom, et al., Nordiska Bokhandelns Forlag, pp. 341-362, 1973.

"[H]alf of the cases of CHD occurring in the U.S.A. cannot be explained by theories involving the current risk factors only. This means that other less known, supposed or completely unknown factors are as important for this disease as all the often discussed risk factors together. Also demonstrating the magnitude of ignorance is the complete lack of explanation for the marked geographical differences in incidence of CHD--both within the United States, between the United States and Europe and within Northern Europe."

p. 357

Walker, W. J., "Coronary Mortality: What is Going On?" Journal of the American Medical Association 227(9): 1045-1046, March 4, 1974.

"During the past decade, medical and governmental leaders have proclaimed repeatedly that we are having an epidemic increase in death rate from this [coronary heart] disease.

"The vital statistics of the United States tell a different story! The only meaningful rate is the age-adjusted death rate, which peaked in 1963 and has declined since."

p. 1045

2026259304